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APPLICATION NO.	FILING DATE	FI	RŠT NAMED I	NVENTOR	A <sup>-</sup>	TTORNEY DOCK	ET NO.	CONFIRMATION NO.
09/937,045	09/20/2001		Thierry G	allet		SYL 531		4652
TITLE OF INVENTION: 1, THERAPEUTICS		1.0		•				ND USE THEREOF IN
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	<u> </u>	PUBLICATION	FEE	TOTAL FEE(S) D	ŲE .	DATE DUE
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Pres Address" indication PTO/SE/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNEE Sanofi- QVENTI Reel/Frame: 012	ence address (or Change of 2) attached.  3) attached.  3) attached.  4) attached.  5) attached.  6) attached.  7) attached.  8)	correspondence union form e of a Customer  E PRINTED ON THe clow, no assignee de of this form is NOT  (B)  Dated: Sepi ries (will not be prin	(1) the name of agents OR (2) the name registered at 2 registered at listed, no nar lie PATENT (pata will appear a substitute for RESIDENCE: Paris, Fratember 20 ted on the pate of the pa	r on the patent, I r filing an assignm : (CITY and STAT INCO D, 2001 ant): Individ	thered patent all having as a mind the pames or agents. If no in the pames of a gents, if no interest and assigned them.	ember a 2 of up to name is 3 is identified belo	w, the docs	unicant has been filed for
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Authorized Signature	Balarayon C	Supr-		Ē	atc	ry 3,	200	<u>ح</u>
Typed or printed name	Balaram Gupta			R	egistration No	40,00	09	
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TRA	NSMITTAL FORM	Application Number Filing Date First Named Inventor Art Unit Examiner Name	09/937,045 Septembe Thierry Ga 1624 Coleman,	r 20, 2001 Allet, et al Brenda Libby
Total Number of Pa	Sez III ((II) continue		ill that apply)	After Allowance Communication to TC
Amendmen Afte Affe Extension Express Al Information Certified C Document Reply to M Incomplet	Attached  t/Reply  tr Final  davits/declaration(s)  of Time Request  candonment Request  n Disclosure Statement  topy of Priority (s)  fissing Parts/ e Application eply to Missing Parts oder 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revoce Change of Correspondence Terminal Disclaimer Request for Refund CO, Number of CD(s)  Landscape Table of Remarks  1. Issue Fee -1 pg.	n CD	Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brist, Reply Brist)  Proprietary Information  Status Letter Other Enclosure(s) (please Identity below):
		TURE OF APPLICANT, A	TORNEY,	DR AGENT
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